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Bib Data Sheet

CONFIRMATION NO. 7698

<b>SERIAL NUMBER</b> 10/789,092	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 347	<b>GROUP ART UNIT</b> 2853	<b>ATTORNEY DOCKET NO.</b> 87807NAB
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

(None) CHA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

(None) CHA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>CHA</i>		

## ADDRESS

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## TITLE

Scanning optical printhead having exposure correction

<b>FILING FEE RECEIVED</b> 942	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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